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**** CONTINUING DATA *******

This application is a CON of 08/260,675 06/16/1994 PAT 6,800,603
 which is a CON of 08/126,100 09/23/1993 ABN
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 which is a CIP of 07/752,764 08/30/1991 ABN
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**** FOREIGN APPLICATIONS *********IF REQUIRED, FOREIGN FILING LICENSE GRANTED**

** 12/23/1997

Foreign Priority claimed	<input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY MA	SHEETS DRAWING 5	TOTAL CLAIMS 57	INDEPENDENT CLAIMS 18
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature _____ Initials _____				

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TITLE

MORPHOGEN-INDUCED NERVE REGENERATION AND REPAIR

FILING FEE RECEIVED 1900	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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